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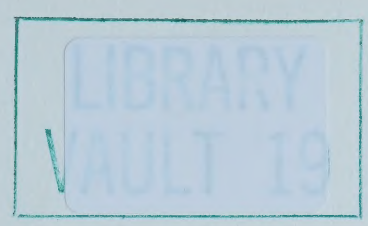

Quarterly Statistical Review

October - December 1975

Alberta
SOCIAL SERVICES
AND COMMUNITY HEALTH
Research and Planning Division

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Notes:

Data used in the construction of all figures contained within the Quarterly Statistical Review are available on request from Research and Planning.

WHAT IS THE RISK OF BEING BURNED IN A MOTOR VEHICLE CRASH?
A SURVEY OF CRASH FATALITIES IN ALBERTA, 1970 - 1972

Gerda Bako, Dr. W.C. Mackenzie and Dr. E.S.O. Smith*

The Task Force Study on Highway Accidents[1] in Alberta encountered a number of instances where coroners or police were of the opinion that the death of a driver or passenger could have been avoided had the individual been restrained inside the vehicle through the use of a restraining device. However, the reluctance of people to use restraining devices is well known. The most common argument is that one is more vulnerable to death by incineration in a crash if a seat belt is worn, making escape difficult or impossible. The Task Force study, however, indicated that the probablility of this occuring is remote.

METHODOLOGY

The Task Force survey of highway accidents in Alberta was based on data collected from the files of the Chief Coroner for Alberta. Using an epidemiological approach, 64 variables were coded for each of the 1,297 persons killed in motor vehicle crashes during the period 1970 - 1972. Persons incinerated in a crash were identified by N-Code 940-949 of the International Classification of Disease[2], as extracted from the Medical Death Certificate on file at the Bureau of Vital Statistics[3].

RESULTS AND DISCUSSION

During the three-year period studied, 1,297 persons were fatally injured in motor vehicle crashes, at an annual rate of 26.7 per 100,000 population. Many causes contributed to these crashes, but only 24 of the deaths (1.9 per cent) were from burning. The probability of death by burning in a motor vehicle crash can be further explained by examining some of the characteristics of these crashes. Table 1 shows the distribution of the 24 deaths by three variables: status of the individual (e.g., driver, passenger), type of vehicle, and whether the individual was ejected from the vehicle.

Three-quarters of the persons incinerated in motor vehicle crashes were drivers of the vehicles, and only 12.5 per cent of the deaths occurred in passenger cars. Almost two-thirds (62.5 per cent) of the persons incinerated were not ejected from the vehicle. Of all motor vehicle deaths, only 0.2 per cent were due to incineration in passenger cars. Therefore, the risk of being burned to death in a passenger car accident appears to be minimal.

Although almost three times as many burned persons remained within the vehicle than were ejected, no conclusions can be drawn from this to relate to the usage of seat belts, as information on whether the seat belt was in place was not available. It is possible that some of these persons were seriously injured inside the vehicle, and therefore unable to escape, because they were not restrained by a seat belt.

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*Gerda Bako was the research director of the Alberta Task Force on Highway Accidents, Dr. W.C. Mackenzie was the chairman and Dr. E.S.O. Smith was a member of the committee.

[1] Report of The Task Force on Highway Accidents to the Minister of Social Services and Community Health, The Honourable Helen Hunley, Alberta, September 1975.

[2] International Classification of Disease (ICDA), Vol. 1, 8th Revision, 1968 WHO 1968.

[3] Bureau of Vital Statistics, Social Services and Community Health, Government of Alberta, Edmonton.

CONCLUSION

Despite the small number of deaths by burning, there appears to be some correlation between this type of death and the type of vehicle involved, especially if the vehicle has a high potential for exploding.

In any case, the fear of being burned in a crash is greatly exaggerated, as the probability of this happening has been shown to be very remote.

TABLE 1

VARIABLES ASSOCIATED WITH DEATH BY INCINERATION, ALBERTA, 1970 - 1972

Variable	Deaths by Incineration #	Deaths by Incineration %	As a Percentage of All Motor Vehicle Deaths
Status of person:			
Passenger	4	16.7	0.3
Pedestrian trapped between exploding vehicles	2	8.3	0.2
Driver	18	75.0	1.4
Total	24	100.0	1.9
Type of vehicle:			
Passenger car	3	12.5	0.2
Truck/van	10	41.7	0.8
Other large vehicle:			
freight liner	2		
tandem trailer	2		
gasoline tanker	3	9 37.5	0.7
gravel truck	1		
cement truck	1		
Not applicable (pedestrian)	2	8.3	0.2
	24	100.0	1.9
Ejection from vehicle:			
Ejected	3	12.5	0.2
Not ejected	15	62.5	1.2
Not known	4	16.7	0.3
Not applicable (pedestrian)	2	8.3	0.2
Total	24	100.0	1.9

Source: Task Force on Highway Accidents, Province of Alberta.

CHARACTERISTICS OF THE ALBERTA COORDINATED HOME CARE CASELOAD

Donna Angus*

The concept of home care refers to any health or social services delivered to a person in his own residence, instead of in an agency office or an institution. These home care services include nursing procedures, health surveillance, physiotherapy, homemaking or home help,[1] minor home repairs and maintenance, meals-on-wheels, friendly visiting, transportation (e.g., to a physician's office), and various types of counselling--social allowance, mental health and handicapped services. The intent of most home care services is to prevent, delay or shorten institutionalization of patients by providing services in the community setting. This is proposed to have both economic advantages for the community and social/psychological advantages for the individual.

A dozen or more agencies in a community may be separately delivering home care services to individual households. These agencies include the health unit, Preventive Social Services, hospitals or other facilities operating extension programs, and voluntary agencies or groups (e.g., the Red Cross, or local church groups). From the other perspective, one individual household may be receiving home-delivered services from a number of agencies.

A Coordinated Home Care Program (CHCP) is a program which is centrally administered in the community, and which arranges for and coordinates the use of both medically and socially oriented services, obtained from community resources, to meet the needs of selected persons in their own homes.

Alberta communities have only recently begun to express an interest in coordinated home care, with the first major program established in Calgary in 1970 through funding from the Alberta Hospital Services Commission. While services vary in type and amount from place to place, coordinated home care programs are presently operating in 10 Alberta communities: Banff, Calgary, Didsbury, Edmonton, Leduc, Manning, Olds, Red Deer, Wetaskiwin, and Ponoka.[2] The programs are now all funded through Local Health Services and/or Preventive Social Services (P.S.S.) - branches of Alberta Social Services and Community Health.

Each home care program has evolved its own procedures for record-keeping, and therefore no standardized forms are in use. Reporting of caseload figures to Local Health Services also has not been standardized, making it difficult to describe the current operations of Alberta home care. Therefore, in order to summarize present home care activity in the province, it was necessary to conduct a special survey, the results of which are reported in this article.

METHODOLOGY

The above mentioned 10 programs were asked to collect specific information on all clients who received service during November 1975. Clients who did not receive service during that time were excluded from the survey. In many programs, cases are "put on hold", rather than discharged during short absences from the program (e.g., temporary hospitalization); as services are not provided during the interval, these clients were excluded from the survey. Also excluded were those clients who were admitted in November but who did not begin to receive services until after November 30th, and those who were discharged in November but whose service(s) ended before November 1st.

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[1] In Alberta, homemaking refers to a "mother-replacement" role where the agency staff manage the entire home including child care. Home help refers to more strictly a house-cleaning role.

[2] Services are also being extended to Thorsby, Calmar, Beaumont, Cochrane, Canmore, and Sundre.

The following items of information were collected for each home care client:

1. residence - whether the patient's residence was in town or in the rural area
2. date of admission to the home care program
3. sex
4. age or date of birth
5. diagnostic category (17 broad categories)
6. date of discharge (if applicable)
7. number of services provided during November by type:
   -nursing (visits)
   -physiotherapy (visits)
   -homehelp or homemaking (hours)
   -meals-on-wheels (meals)
   -others

The data collection was not easily accomplished as the records maintained by each home care program were not developed with an objective of data retrieval for statistical analysis. Several problems were encountered:

1. basic definitions are not standardized among the programs. For example, the dates of admission and discharge are defined differently by programs. Some programs define them as the dates of first and last service visits, while for others they are administrative decision dates. Variation in the definition of these dates affect the comparability of length of stay figures.
2. the actual number of services provided by agencies other than the coordinating agency (usually the health unit) are often not reported to the home care program. This problem primarily affected homemaking/home help, physiotherapy, and "other" services.
3. even for those services provided by the coordinating agency, there is no routine counting of services provided to each client. It was necessary for staff to read through the narrative records and count the number of service visits.
4. all of the present record-keeping is manual, even for the larger Calgary and Edmonton programs. This inevitably limits the amount and detail of data which can be feasibly collected.

Retrospectively, there were several other data items that would have been valuable to the caseload analysis. These data items include whether the case was post-operative, and the total number of services provided to date (not just during November). However, given the substantial difficulty encountered by the programs in completing even the requested seven items, it would have been unrealistic to have required additional items.

Given the inconsistencies of definition of dates of admission and discharge, and the procedures for recording service visits, the reliability of the data (and its comparability between programs) is less than optimal. However, as it is the first data available on home care for the entire province, it was decided to publish the findings, as they do illustrate the general operation of home care in Alberta.

The findings will be reported separately for each program. This is necessary because there are important differences in overall program orientation. The small programs tend to have predominantly elderly caseloads with lengthy stays on the program, and limited use of services other than nursing. The Edmonton program is much larger than the others, has a high proportion of elderly in its caseload, and provides a full range of services, with a fairly equal balance between medical and social services. In contrast to the other programs, Edmonton does admit persons requiring only home help or homemaking in lieu of institutionalization. Finally, the Calgary program is very different from all of the other programs in that it has a strong medical orientation and concentrates on providing services to patients who would otherwise require active treatment hospitalization. A large portion of the Calgary caseload is post-operative cases, often following day surgery. The Calgary program's caseload is distributed

more evenly across all age groups, rather than being concentrated on only the elderly.

SURVEY RESULTS

The 10 programs reported 624 cases receiving services during November, for totals of 162 admissions, 134 separations, and 16,434 program days. The Edmonton program accounted for 49.2 per cent of these cases; the Calgary program, 12.0 per cent; and the eight smaller programs, the remaining 38.8 per cent (Table 1). In the Calgary program the number of separations nearly balanced the number of admissions, but the Edmonton program and the other eight programs (as a group) admitted 1.54 and 2.27 times the number of cases as were separated during the month. Because the time period under study is only one month, the reliability of this "turnover" index is uncertain - but there does appear to be considerable caseload growth occurring in all programs with the exception of Calgary. This phenomenon is probably related to differences in caseload characteristics and operating philosophies of the different programs.

The age-sex composition of Alberta home care clients is presented in Table 2. For the entire province, the largest proportion of cases was in the 65+ age group (68.6 per cent). Females over 65 years of age accounted for a slightly smaller proportion of their caseload (65.2 per cent) than older males did of theirs (76.5 per cent). Only 3.4 per cent of the caseload was composed of children (0-19 years).

The programs varied in size from 307 active cases (Edmonton) to eight cases (Banff). The age composition also varied among the programs (Table 3), Calgary having the youngest caseload with 71 per cent of its caseload under 65 years of age. Ponoka and Red Deer also had young caseloads relative to the other programs. Didsbury, Manning and Olds had the oldest caseloads. Figure 1 illustrates the variation in age composition among the Calgary, Edmonton and "other" caseloads.

Of the total Alberta caseload, 70 per cent were female and 30 per cent were males. Although the proportions varied from program to program, females always accounted for a greater proportion (Table 4).

Some of the programs, by definition, serve only urban residents (e.g. Calgary and Edmonton), while others are providing some service to residents of the surrounding rural area. The Wetoka health unit programs (Wetaskiwin and Ponoka) have an objective of service provision to the entire health unit.

Table 5 shows the distribution of home care clients of each program between urban and rural residence. Six of the 10 programs had rural residents on their programs (Didsbury, Leduc, Manning, Olds, Ponoka, Wetaskiwin). The proportion of the caseload comprised of rural cases was always smaller than the proportion constituted by urban cases, except in the Ponoka program where the proportions were equal.

The amount and type of service received by home care clients vary among the programs. Overall, 424 clients (67.9 per cent) received nursing services, 282 clients (45.2 per cent) received home help or homemaking, 90 clients (14.4 per cent) received physiotherapy, 65 clients (10.4 per cent) received meals through Meals-on-Wheels, and 47 clients (7.5 per cent) were reported as receiving "other services (Table 6 and Figure 2). These other services included speech therapy, dietician services, occupational therapy, provision of equipment, laboratory services, and orderly services. For the Edmonton program, the "other" services category was almost exclusively orderly services.

The proportion of the caseload receiving nursing services varied from 38.4 per cent in the Edmonton program to 100 per cent in the Banff, Didsbury, Olds, Ponoka and Red Deer programs (Olds and Didsbury provided no services other than nursing). The median number of nursing visits per client during November (for those clients receiving nursing service) ranged from 2.0 in Manning to 6.0 in

Red Deer (Table 7).[1]

With regard to home help and homemaking service, the proportion of the caseload receiving service varied from 14.6 per cent in Wetaskiwin to 73.3 per cent in the Edmonton program. Three programs (Banff, Didsbury and Olds) provided no service. The median amount of service per client in November ranged from 1.0 hours in Manning to 16.0 hours in Calgary.

The data were analyzed to determine whether (a) the type of service, or (b) the amount of service (i.e., the average number of services per client during November) were related to the client's age. From Table 8, the likelihood of receiving nursing service increased with age in the Edmonton program, with no relationship apparent in the Calgary or "Other" programs. The probability of receiving Meals-on-Wheels increased with age for Edmonton and Other programs (Calgary did not provide this service). There was some indication that physiotherapy and home help/homemaking services were more often provided to the 20-49 and 50-64 year age groups than either the younger or older age groups.

Table 9 presents the number of clients receiving each type of service and the median number of services provided for four age groups for Edmonton, Calgary and Other programs. When reviewing the results of this table it should be remembered that a reliable analysis of the relationship between amount of service and age is often thwarted by the small sample and by the fact that the availability of a particular service is not known.

Two-thirds of the home care clients received only one type of service, e.g., nursing, and another 23.4 per cent received two types of services. A final 10.4 per cent received three or more services (Table 10). This distribution also varied among the 10 home care programs, with Red Deer having the greatest proportion of its caseload (74.2 per cent) receiving two or more types of service. As mentioned above, the Didsbury and Olds programs provided only nursing services.

A statistic such as median number of visits per client cannot describe the overall distribution of clients by number of services received. Tables 11 to 14 present the caseload distribution of each program by number of nursing and physiotherapy visits, by number of homemaking/home help hours, and by number of meals provided. For nursing, the median number of visits per client during November was 4.0 visits (from Table 7), with 75 per cent of the caseload receiving five visits or fewer (Table 11). Seventy-two per cent of those receiving physiotherapy had five visits or fewer during the month of November (Table 12). For home help/homemaking, two-thirds of the clients received 16 hours of service or fewer - less than two eight-hour shifts (Table 13). As would be expected, the distribution of caseload by number of meals provided was more even, reflecting steady service to a caseload showing gradual turnover (Table 14). The substantial difference in the amount of service per client among the programs is shown in Tables 11-14.

Home care services are not limited to specific diagnostic categories, but can be appropriate for any homebound persons needing support but not requiring institutionalization. Table 15 presents the distribution of each of the home care programs' November caseload by 17 major diagnostic categories. Twenty-two per cent of the total Alberta caseload were receiving treatment for diseases of the circulatory system (e.g., heart disease); 20 per cent for diseases of the musculoskeletal system (e.g., arthritis); 15 per cent for diseases of the nervous system and sense organs (e.g., stroke); and nine per cent for endocrinal, nutritional and metabolic diseases (e.g., diabetes). Other major diagnostic

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[1] The median is the value of the middle point of an array of numbers such that half of the items are above this point and half are below it. It has been used here in preference to a mean as the distribution is skewed towards the lower values.

categories represented in the home care caseload were neoplasms (6.6 per cent), senility and other ill-defined conditions (6.1 per cent), and diseases of the digestive system (5.5 per cent).

The 10 home care programs show considerable variation in the distribution of their individual caseloads among the 17 diagnostic categories (please refer to Table 15 for further details).

The length of stay on home care appears to be related to both the diagnosis of the patient and his age.[2] Table 16 shows the average length of stay by two age groups (0-64 years and 65+ years), and the seven most common diagnostic categories, for the Calgary program, the Edmonton program, and the remaining eight programs as a group. With regard to age, the Calgary program experienced a slightly longer length of stay for persons 0-64 years than persons over 65 years, (34.9 days compared to 30.8 days); the Edmonton program showed no difference in length of stay between the two age categories (179.2 and 180.9 days, respectively) but the eight remaining programs as a group exhibited considerably longer lengths of stay for persons 65 years and over (218.7 days as compared to 186.8 days). With regard to sex, there is some indication that elderly males remain on the program longer than elderly females. Comparison of length of stay by sex for the 0-64 age group varies among the three program groups.

In the Calgary program, musculoskeletal conditions (e.g., arthritis) exhibited the longest length of stay for both age groups. The Edmonton program also experienced long stays for musculoskeletal conditions, and also for endocrinal, nutritional and metabolic disorders (e.g., diabetes), and disorders of the nervous system and sense organs (e.g., strokes). The eight smaller programs together experienced longer stays for these conditions, plus ill-defined conditions including senility, neoplasms and circulatory diseases.

This analysis of length of stay by diagnostic category is hampered by the small number of cases in many categories (thereby producing wide fluctuations in the average stays), by the breadth of the diagnostic categories, and by the fact that length of stay is not directly related to number of services received (i.e., the frequency of services varies between patients and between programs). These figures therefore should be viewed as only possible indicators of the relationship between diagnosis and length of stay on home care.

SUMMARY AND CONCLUSIONS

There were 10 operating home care programs in Alberta in November 1975, with a total of 624 active cases, of which 70 per cent were female and 69 per cent were 65 years of age or over. Six of the 10 programs provided service to rural residents. Although the proportion constituted by rural cases is still small, there is some indication that home care in a rural setting is possible.

Two-thirds of the caseload used only one service, and of the four major services surveyed, more clients used nursing than any other service. The three most frequent diagnoses, in rank order of most to least frequent, were diseases of the circulatory system, the musculoskeletal system, and the nervous system. Older clients appear to remain on home care for a longer period of time, as would be predicted from their utilization of other, more traditional, forms of health care.

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[2] Length of stay was calculated for both discharged and not yet discharged home care patients by assuming that all on-going clients were discharged as of November 30th. Looking at these two groups separately, discharged clients had a much shorter length of stay (82.5 days) than clients still on the program as of November 30th (203.4 days).

A total of 16,434 days of care were reported for the 10 home care programs, or an equivalent of over 500 hospital beds. Although probably not all of this care was provided in lieu of hospitalization, the potential for reduction in the need for institutional beds (whether active treatment, auxiliary hospital or nursing home beds) is apparent.

Although the above generalizations apply to the total Alberta home care caseload, individual programs vary considerably in orientation, clientele characteristics, and the amount and type of service(s) provided. In particular, the Calgary home care program is unique in its strong medical orientation and its focus on services provided in lieu of active treatment hospitalization.

The collection of home care statistics at the program, health unit, and provincial levels is important to the development and operation of Coordinated Home Care in Alberta. The present lack of standardization of patient records and data collection, and the necessity to manually search for data, are substantial barriers to the optimal use of information whether for the purpose of planning, evaluation, or as in the case of this survey, monitoring the level of activity. This exercise has clearly revealed a need for a provincial home care information system. Efforts are now underway in the department to develop a computerized information system for Home Care.

TABLE 1 CASELOAD STATISTICS, ALBERTA HOME CARE, NOVEMBER 1975

Program	Active Caseload[a] #	%	Admissions	Separations	Ratio Admissions/Separations
Calgary	75	12.0	48	45	1.07:1
Edmonton	307	49.2	60	39	1.54:1
Other Programs	242	38.8	34	15	2.27:1
TOTAL	624	100.0	142	99	1.43:1

[a]Active cases were defined as all clients receiving services during November 1975.

TABLE 2 ALBERTA HOME CARE CASELOAD BY AGE AND SEX, NOVEMBER 1975

Age/Sex	Male #	Male %		Female #	Female %		Both Sexes #	Both Sexes %	
0	6	3.1		3	0.7		9	1.5	
1 - 9	5	2.6		5	1.2		10	1.6	3.4%
10 - 19	1	0.5		1	0.2		2	0.3	
20 - 29	2	1.1		15	3.5		17	2.7	
30 - 39	4	2.1		17	3.9		21	3.4	
40 - 49	6	3.1		30	7.0		36	5.8	28.0%
50 - 59	9	4.7		40	9.3		49	7.9	
60 - 64 [a]	12	6.3		39	9.1		51	8.2	
65 - 69 [a]	24	12.6		52	12.1		76	12.2	
70 - 79	57	29.8	76.5%	140	32.5	65.2%	197	31.7	68.6%
80 - 89	58	30.4		76	17.6		134	21.5	
90 +	7	3.7		13	3.0		20	3.2	
TOTAL [b]	191	100.0		431	100.0		624	100.0	

[a] Five year age intervals which must be added to be comparable to other intervals.

[b] Two cases of unknown age have been included.

TABLE 3 ALBERTA HOME CARE CASELOAD BY AGE AND PROGRAM, NOVEMBER 1975

Program	0-1		1-9		10-19		20-29		30-39		40-49		50-59		60-64[a]		65-69[a]		70-79		80-89		90+		Total	
	#	%	#	%	#	%	#	%	#	%	#	%	#	%	#	%	#	%	#	%	#	%	#	%	#	%
Banff	-	-	-	-	-	-	-	-	-	-	-	-	-	-	2	25.0	1	12.5	2	25.0	3	37.5	-	-	8	100.0
Calgary	7	9.3	10	13.3	-	-	6	8.0	7	9.3	9	12.0	9	12.0	5	6.7	3	4.0	14	18.7	5	6.7	-	-	75	100.0
Didsbury	-	-	-	-	-	-	-	-	1	2.0	-	-	2	3.9	4	7.8	8	15.7	20	39.2	13	25.5	3	5.9	51	100.0
Edmonton[b]	-	-	-	-	1	0.3	10	3.3	11	3.6	16	5.2	26	8.5	25	8.1	41	13.4	98	31.9	68	22.2	9	2.9	307	100.0
Leduc	1	3.7	-	-	-	-	-	-	-	-	2	7.4	3	11.1	1	3.7	3	11.1	7	25.9	9	33.3	1	3.7	27	100.0
Manning	-	-	-	-	-	-	-	-	-	-	-	-	1	3.6	3	10.7	4	14.3	14	50.0	4	14.3	2	7.1	28	100.0
Olds	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	3.9	5	19.2	6	23.1	13	50.0	1	3.9	26	100.0
Ponoka	-	-	-	-	-	-	1	3.3	1	3.3	4	13.3	3	10.0	1	3.3	4	13.3	7	23.3	7	23.3	2	6.7	30	100.0
Red Deer	1	3.2	-	-	1	3.2	-	-	1	3.2	3	9.7	4	12.9	2	6.5	5	16.1	8	25.8	5	16.1	1	3.3	31	100.0
Wetaskiwin	-	-	-	-	-	-	-	-	-	-	2	4.9	1	2.4	7	17.1	2	4.9	21	51.2	7	17.1	1	2.4	41	100.0
TOTAL	9	1.4	10	1.6	2	0.3	17	2.7	21	3.4	36	5.8	49	7.9	51	8.2	76	12.2	197	31.6	134	21.5	20	3.2	624	100.0

[a]Five year age intervals which must be added to be comparable to other intervals.

[b]Includes two cases of unknown age, and excludes 31 cases that were unavailable for coding.

TABLE 4 ALBERTA HOME CARE CASELOAD BY SEX AND PROGRAM, NOVEMBER 1975

Program	Male		Female		Both Sexes	
	#	%	#	%	#	%
Banff	3	37.5	5	62.5	8	100.0
Calgary	20	26.7	55	73.3	75	100.0
Didsbury	18	35.3	33	64.7	51	100.0
Edmonton	94	30.6	213	69.4	307	100.0
Leduc	5	18.5	22	81.5	27	100.0
Manning	11	39.3	17	60.7	28	100.0
Olds	12	46.2	14	53.9	26	100.0
Ponoka	9	30.0	21	70.0	30	100.0
Red Deer	9	29.0	22	71.0	31	100.0
Wetaskiwin	10	24.4	31	75.6	41	100.0
TOTAL	191	30.6	433	69.4	624	100.0

TABLE 5 ALBERTA HOME CARE CASELOAD BY RURAL/URBAN RESIDENCE AND PROGRAM, NOVEMBER 1975

Program	Town		Rural		Total	
	#	%	#	%	#	%
Banff	8	100.0	0	0.0	8	100.0
Calgary	75	100.0	0	0.0	75	100.0
Didsbury	45	88.2	6	11.8	51	100.0
Edmonton	307	100.0	0	0.0	307	100.0
Leduc	18	66.7	9	33.3	27	100.0
Manning	21	75.0	7	25.0	28	100.0
Olds	25	96.2	1	3.8	26	100.0
Ponoka	15	50.0	15	50.0	30	100.0
Red Deer	31	100.0	0	0.0	31	100.0
Wetaskiwin	33	80.5	8	19.5	41	100.0
TOTAL	578	92.6	46	7.4	624	100.0

TABLE 6 ALBERTA HOME CARE CASELOAD BY TYPE OF SERVICES RECEIVED, BY PROGRAM, NOVEMBER 1975

	NUMBER OF CLIENTS									
	TOTAL CLIENTS	NURSING		PHYSIOTHERAPY		HOMEHELP/HOMEMAKER		MEALS-ON-WHEELS		OTHERS	
		#	%	#	%	#	%	#	%	#	%
Banff	8	8	100.0	1	12.5	-	-	-	-	1	12.5
Calgary	75	69	92.0	15	20.0	15	20.0	-	-	6	8.0
Didsbury	51	51	100.0	-	-	-	-	-	-	-	-
Edmonton	307	118	38.4	48	15.6	225	73.3	42	13.7	20	6.5
Leduc	27	25	92.6	5	18.5	5	18.5	2	7.4	-	-
Manning	28	26	92.9	10	35.7	5	17.9	6	21.4	2	7.1
Olds	26	26	100.0	-	-	-	-	-	-	-	-
Ponoka	30	30	100.0	-	-	12	40.0	4	13.3	6	20.0
Red Deer	31	31	100.0	10	32.3	14	45.2	7	22.6	8	25.8
Wetaskiwin	41	40	97.6	1	2.4	6	14.6	4	9.8	4	9.8
TOTAL	624	424	67.9	90	14.4	282	45.2	65	10.4	47	7.5

TABLE 7 MEDIAN NUMBER OF VISITS/HOURS/MEALS PER CLIENT FOR THOSE CLIENTS RECEIVING THAT SERVICE, BY PROGRAM, NOVEMBER 1975

	Nursing (visits)	Physio-therapy (visits)	Home Help or Homemaking (hours)	Meals-on-Wheels (hours)
Banff	4	1	-	-
Calgary	3	5	16	-
Didsbury	3	-	-	-
Edmonton	4	4	12	16
Leduc	3	2	13	11
Manning	2	1	1	7
Olds	4	-	-	-
Ponoka	3	-	5	9
Red Deer	6	1	11	19
Wetaskiwin	3	1	3	7
TOTAL	4	3	11	13

TABLE 8 PERCENTAGE OF ALBERTA HOME CARE CASELOAD RECEIVING EACH TYPE OF SERVICE BY AGE GROUP, CALGARY, EDMONTON AND OTHER PROGRAMS, NOVEMBER 1975

Age Group	Total Caseload	Percentage of Caseload Receiving Service			
		Nursing	Physio-therapy	Home Help or Homemaking	Meals-on-Wheels
Calgary					
0 - 19	17	94.1	5.9	5.9	-
20 - 49	22	95.5	22.7	13.6	-
50 - 64	14	85.7	35.7	35.7	-
65+	22	90.9	18.2	27.3	-
TOTAL	75	92.0	20.0	20.0	-
Edmonton					
0 - 19	2	-	-	100.0	-
20 - 49	37	21.6	21.6	73.9	-
50 - 64	51	33.3	21.6	74.5	7.8
65+	215	42.8	13.5	72.6	17.7
TOTAL	307[a]	38.4	15.6	73.3	13.7
Other					
0 - 19	3	100.0	-	-	-
20 - 49	15	93.3	20.0	46.7	-
50 - 64	35	94.3	22.9	17.1	2.9
65+	189	98.9	8.5	15.3	11.6
TOTAL	242	97.9	11.2	17.4	9.5

[a] Includes two cases of unknown age.

TABLE 9 MEDIAN NUMBER OF VISITS/HOURS/MEALS PER CLIENT FOR THOSE CLIENTS RECEIVING THAT SERVICE, BY AGE GROUP, CALGARY, EDMONTON AND OTHER PROGRAMS, NOVEMBER 1975

Age Group	Number of Cases Receiving Service and Median Number of Services per Client							
	Nursing (visits)		Physio-therapy (visits)		Home Help or Homemaking (hours)		Meals-on-Wheels (meals)	
	#	Md	#	Md	#	Md	#	Md
Calgary								
0 - 19	16	1	1	3	1	12	-	-
20 - 49	21	4	5	5	3	16	-	-
50 - 64	12	4	5	9	5	16	-	-
65+	20	5	4	2	6	10	-	-
TOTAL	69	3	15	5	15	16	-	-
Edmonton								
0 - 19	-	-	-	-	2	16	-	-
20 - 49	8	5	8	7	27	12	-	-
50 - 64	17	4	11	3	38	11	4	19
65+	91	4	29	4	156	8	38	14
TOTAL	116	4	48	4	223	12	42	16
Other								
0 - 19	3	4	-	-	-	-	-	-
20 - 49	14	2	3	2	7	12	-	-
50 - 64	33	4	8	1	6	4	1	9
65+	187	4	16	1	29	5	22	7
TOTAL	237	4	27	1	42	5	23	9

TABLE 10 ALBERTA HOME CARE CASELOAD BY NUMBER OF SERVICES RECEIVED, BY PROGRAM, NOVEMBER 1975

Program	Number of Services Received						Total Clients	
	1		2		3+			
	#	%	#	%	#	%	#	%
Banff	6	75.0	2	25.0	-	-	8	100.0
Calgary	53	70.7	14	18.7	8	10.6	75	100.0
Didsbury	51	100.0	-	-	-	-	51	100.0
Edmonton	192	62.5	86	28.0	29	9.5	307	100.0
Leduc	19	70.4	6	22.2	2	7.4	27	100.0
Manning	13	46.4	9	32.2	6	24.4	28	100.0
Olds	26	100.0	-	-	-	-	26	100.0
Ponoka	16	53.3	7	23.3	7	23.3	30	100.0
Red Deer	8	25.8	12	38.7	11	35.5	31	100.0
Wetaskiwin	29	70.7	10	24.4	2	4.9	41	100.0
TOTAL	413	66.2	146	23.4	65	10.4	624	100.0

TABLE 11 DISTRIBUTION OF ALBERTA HOME CARE CASELOAD BY NUMBER OF NURSING VISITS RECEIVED, BY PROGRAM, NOVEMBER 1975

	Number of Visits during November														
	1-5		6-10		11-15		16-20		21-25		26-30		31+		Total		Number of Clients Not Receiving Nursing
Program	#	%	#	%	#	%	#	%	#	%	#	%	#	%	#	%	
Banff	8	100.0	-	-	-	-	-	-	-	-	-	-	-	-	8	100.0	-
Calgary	47	68.1	8	11.6	5	7.3	3	4.4	2	2.9	1	1.5	3	4.4	69	100.0	6
Didsbury	47	92.2	4	7.8	-	-	-	-	-	-	-	-	-	-	51	100.0	-
Edmonton	82	69.5	16	13.6	4	3.4	7	5.9	2	1.7	4	3.4	3	2.5	118	100.0	189
Leduc	19	76.0	2	8.0	4	16.0	-	-	-	-	-	-	-	-	25	100.0	2
Manning	21	80.8	5	19.2	-	-	-	-	-	-	-	-	-	-	26	100.0	2
Olds	17	65.4	7	26.9	-	-	2	7.7	-	-	-	-	-	-	26	100.0	-
Ponoka	26	86.7	2	6.7	2	6.7	-	-	-	-	-	-	-	-	30	100.0	-
Red Deer	15	48.4	11	35.5	5	16.1	-	-	-	-	3	7.5	-	-	31	100.0	-
Wetaskiwin	35	87.5	-	-	2	5.0	-	-	-	-			-	-	40	100.0	1
TOTAL	317	74.8	55	13.0	22	5.2	12	2.8	4	0.9	8	1.9	6	1.4	424	100.0	200

TABLE 12 DISTRIBUTION OF ALBERTA HOME CARE CASELOAD BY NUMBER OF PHYSIOTHERAPY VISITS RECEIVED, BY PROGRAM, NOVEMBER 1975

Program	Number of Visits During November										Number of Clients Not Receiving Physiotherapy
	1-5		6-10		11-15		16+		Total		
	#	%	#	%	#	%	#	%	#	%	
Banff	1	100.0	-	-	-	-	-	-	1	100.0	7
Calgary	8	53.3	6	40.0	1	6.7	-	-	15	100.0	60
Didsbury	-	-	-	-	-	-	-	-	-	-	51
Edmonton	31	64.6	14	29.2	3	6.3	-	-	48	100.0	259
Leduc	4	80.0	1	20.0	-	-	-	-	5	100.0	22
Manning	10	100.0	-	-	-	-	-	-	10	100.0	18
Olds	-	-	-	-	-	-	-	-	-	-	26
Ponoka	-	-	-	-	-	-	-	-	-	-	30
Red Deer	10	100.0	-	-	-	-	-	-	10	100.0	21
Wetaskiwin	1	100.0	-	-	-	-	-	-	1	100.0	40
TOTAL	65	72.2	21	23.3	4	4.4	-	-	90	100.0	534

TABLE 13 DISTRIBUTION OF ALBERTA HOME CARE CASELOAD BY NUMBER OF HOURS OF HOMEHELP/HOMEMAKING RECEIVED, BY PROGRAM, NOVEMBER 1975

Program	Number of Hours during November												Total		Number Clients Not Not Receiving Homehelp/ Homemaking
	1-8		9-16		17-24		25-32		33-40		41+				
	#	%	#	%	#	%	#	%	#	%	#	%	#	%	
Banff	-	-	-	-	-	-	-	-	-	-	-	-	-	-	8
Calgary	4	26.7	6	40.0	2	13.3	2	13.3	1	6.7	-	-	15	100.0	60
Didsbury	-	-	-	-	-	-	-	-	-	-	-	-	-	-	51
Edmonton	94	41.8	78	34.7	24	10.7	8	3.6	3	1.3	18	8.0	225	100.0	82
Leduc	1	20.0	2	40.0	1	20.0	-	-	-	-	1	20.0	5	100.0	22
Manning	5	100.0	-	-	-	-	-	-	-	-	-	-	5	100.0	23
Olds	-	-	-	-	-	-	-	-	-	-	-	-	-	-	26
Ponoka	11	91.7	1	8.3	-	-	-	-	-	-	-	-	12	100.0	18
Red Deer	3	21.4	5	35.7	3	21.4	2	14.3	-	-	1	7.1	14	100.0	17
Wetaskiwin	6	100.0	-	-	-	-	-	-	-	-	-	-	6	100.0	35
TOTAL	124	44.0	92	32.6	30	10.6	12	4.3	4	1.4	20	7.1	282	100.0	342

TABLE 14

DISTRIBUTION OF ALBERTA HOME CARE CASELOAD BY NUMBER OF MEALS PROVIDED, BY PROGRAM, NOVEMBER 1975

Program	Number of Meals Provided														Total		Number of Clients Not Receiving Meals
	1-5		6-10		11-15		16-20		21-25		26-30		31+				
	#	%	#	%	#	%	#	%	#	%	#	%	#	%	#	%	
Banff	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	8
Calgary	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	75
Didsbury	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	51
Edmonton	9	21.4	4	9.5	7	16.7	12	28.6	3	7.1	1	2.4	6	14.3	42	100.0	265
Leduc	1	50.0	-	-	-	-	1	50.0	-	-	-	-	-	-	2	100.0	25
Manning	3	50.0	2	33.3	-	-	1	16.7	-	-	-	-	-	-	6	100.0	22
Olds	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	26
Ponoka	1	25.0	1	25.0	2	50.0	-	-	-	-	-	-	-	-	4	100.0	26
Red Deer	2	28.6	-	-	-	-	4	57.1	-	-	-	-	1	4.3	7	100.0	24
Wetaskiwin	-	-	3	75.0	1	25.0	-	-	-	-	-	-	-	-	4	100.0	37
TOTAL	16	24.6	10	15.4	10	15.4	18	27.7	3	4.6	1	1.5	7	10.8	65	100.0	559

TABLE 15 DISTRIBUTION OF ALBERTA HOME CARE CASELOAD BY DIAGNOSTIC CATEGORY AND PROGRAM
NOVEMBER 1975

	Banff		Calgary		Didsbury		Edmonton		Leduc		Manning		Olds		Ponoka		Red Deer		Wetaskiwin		Total		
	#	%	#	%	#	%	#	%	#	%	#	%	#	%	#	%	#	%	#	%	#	%	Rank
infective and parasitic	-	-	-	-	-	-	1	0.3	-	-	-	-	-	-	-	-	-	-	-	-	1	0.2	16
neoplasms	-	-	11	14.7	1	2.0	26	8.5	-	-	-	-	-	-	1	3.3	1	3.2	1	2.4	41	6.6	5
endocrinal,nutritional, metabolic	2	25.0	2	2.7	5	9.8	20	6.5	6	22.2	2	7.1	6	23.1	4	13.3	3	9.7	7	17.1	57	9.1	4
diseases of blood and blood forming organs	-	-	-	-	1	2.0	2	0.7	1	3.7	-	-	1	3.9	-	-	-	-	3	7.3	8	1.3	13
mental disorders	-	-	-	-	2	3.9	7	2.3	2	7.4	2	7.1	1	3.9	1	3.3	-	-	2	4.9	17	2.7	11
nervous system and sense organs	1	12.5	12	16.0	5	9.8	40	13.0	5	18.5	8	28.6	2	7.8	5	16.7	8	25.8	6	14.6	92	14.7	3
circulatory	1	12.5	10	13.3	23	45.1	70	22.8	4	14.8	8	28.6	7	26.9	9	30.0	-	-	3	7.3	135	21.6	1
respiratory	1	12.5	-	-	-	-	12	3.9	2	7.4	4	14.3	-	-	-	-	-	-	1	2.4	20	3.2	9
digestive	-	-	14	18.7	2	3.9	9	2.9	1	3.7	1	3.6	1	3.9	1	3.3	2	6.5	3	7.3	34	5.5	7
genito -urinary	-	-	8	10.7	1	2.0	8	2.6	-	-	-	-	-	-	-	-	1	3.2	1	2.4	19	3.0	10
pregnancy, etc.	-	-	3	4.0	-	-	3	1.0	-	-	-	-	-	-	-	-	-	-	-	-	6	1.0	14
skin and subcutaneous	-	-	-	-	-	-	3	1.0	1	3.7	-	-	-	-	-	-	-	-	5	12.2	9	1.4	12
musculoskeletal and connective tissue	2	25.0	10	13.3	8	15.7	65	21.2	5	18.5	2	7.1	7	26.9	3	10.0	16	51.6	4	9.8	122	19.6	2
congenital anomalies	-	-	1	1.3	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	0.2	16
perinatal morbidity and mortality	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	17
ill-defined conditions (senility)	1	12.5	-	-	1	2.0	25	8.1	-	-	1	3.6	1	3.9	4	13.3	-	-	5	12.2	38	6.1	6
accidents, violence, poisonings	-	-	4	5.3	2	3.9	14	4.6	-	-	-	-	-	-	2	6.7	-	-	-	-	22	3.5	8
unknown	-	-	-	-	-	-	2	0.7	-	-	-	-	-	-	-	-	-	-	-	-	2	0.3	-
TOTAL	8	100.0	75	100.0	51	100.0	307	100.0	27	100.0	28	100.0	26	100.0	30	100.0	31	100.0	41	100.0	624	100.0	-

TABLE 16 AVERAGE LENGTH OF STAY ON HOME CARE, BY AGE, SEX AND DIAGNOSIS, NOVEMBER 1975*

Calgary Program

Diagnosis	0 - 64 years			65+ years			
	Male	Female	Both Sexes	Male	Female	Both Sexes	Total[b]
Circulatory	-[a]	-[a]	15.2	0.0	-[a]	-[a]	17.4 (10)
Musculoskeletal and connective tissue	-[a]	123.6	99.9	-[a]	0.0	-[a]	90.4 (10)
Nervous system and sense organs	-[a]	-[a]	-[a]	-[a]	17.0	21.9	21.0 (12)
Endocrinal, nutritional, metabolic	0.0	-[a]	-[a]	0.0	-[a]	-[a]	12.0 (2)
Neoplasms	-[a]	16.8	19.5	0.0	-[a]	-[a]	19.8 (11)
Ill-defined conditions (incl. senility)	0.0	0.0	0.0	0.0	0.0	0.0	0.0 (0)
Digestive	1.0	15.3	10.2	0.0	0.0	0.0	10.2 (14)
Others	-[a]	50.7	42.5	0.0	-[a]	-[a]	36.9 (17)
Total[b]	9.1(16)	46.1(37)	34.9(53)	24.7(4)	19.9(18)	20.8(22)	30.8 (75)

Edmonton Program

Diagnosis	0 - 64 years			65+ years			
	Male	Female	Both Sexes	Male	Female	Both Sexes	Total[b]
Circulatory	-[a]	127.9	130.5	207.9	228.0	219.9	200.7 (70)
Musculoskeletal and connective tissue	-[a]	315.1	284.7	177.1	163.4	167.5	207.2 (65)
Nervous system and sense organs	162.8	246.7	216.7	59.1	116.6	96.7	138.7 (40)
Endocrinal, nutritional, metabolic	0.0	-[a]	-[a]	-[a]	227.5	229.8	216.1 (20)
Neoplasms	-[a]	115.4	112.5	225.6	177.8	226.4	182.6 (26)
Ill-defined conditions (incl. senility)	0.0	-[a]	-[a]	219.6	128.0	157.1	161.8 (25)
Digestive	-[a]	-[a]	-[a]	-[a]	-[a]	241.7	195.8 (9)
Others	-[a]	119.2	129.7	190.4	153.8	166.8	151.8 (52)
Total[b]	139.0(7)	188.7(72)	179.2(89)	181.6(77)	181.7(141)	181.7(218)	180.9(307)

Other Programs

Diagnosis	0 - 64 years			65+ years			
	Male	Female	Both Sexes	Male	Female	Both Sexes	Total[b]
Circulatory	-[a]	-[a]	187.2	275.2	208.5	241.9	236.9 (55)
Musculoskeletal and connective tissue	-[a]	177.0	185.6	362.4	178.4	229.5	219.2 (47)
Nervous system and sense organs	197.3	117.3	149.3	174.8	234.5	213.0	189.1 (40)
Endocrinal, nutritional, metabolic	-[a]	217.5	186.9	275.2	223.5	240.1	229.5 (35)
Neoplasms	0.0	-[a]	-[a]	-[a]	0.0	-[a]	244.5 (4)
Ill-defined conditions (incl. senility)	-[a]	0.0	-[a]	-[a]	257.0	238.7	260.0 (13)
Digestive	-[a]	-[a]	-[a]	-[a]	158.2	83.9	151.1 (11)
Others	-[a]	255.7	226.9	181.3	221.3	211.6	214.9 (37)
Total[b]	196.9(12)	183.8(41)	186.8(53)	256.5(65)	212.4(124)	227.6(189)	218.7(242)

*Length of stay was calculated for both discharged and not yet discharged home care patients by assuming all on-going patients discharged as of November 30th.

[a]Data deleted from table, as number of cases was under five persons.

[b]Averages were calculated using all cases. Number of cases is given in brackets.

FIGURE 1 DISTRIBUTION OF THE ALBERTA HOME CARE CASELOAD BY AGE, CALGARY, EDMONTON AND OTHER PROGRAMS, NOVEMBER 1975

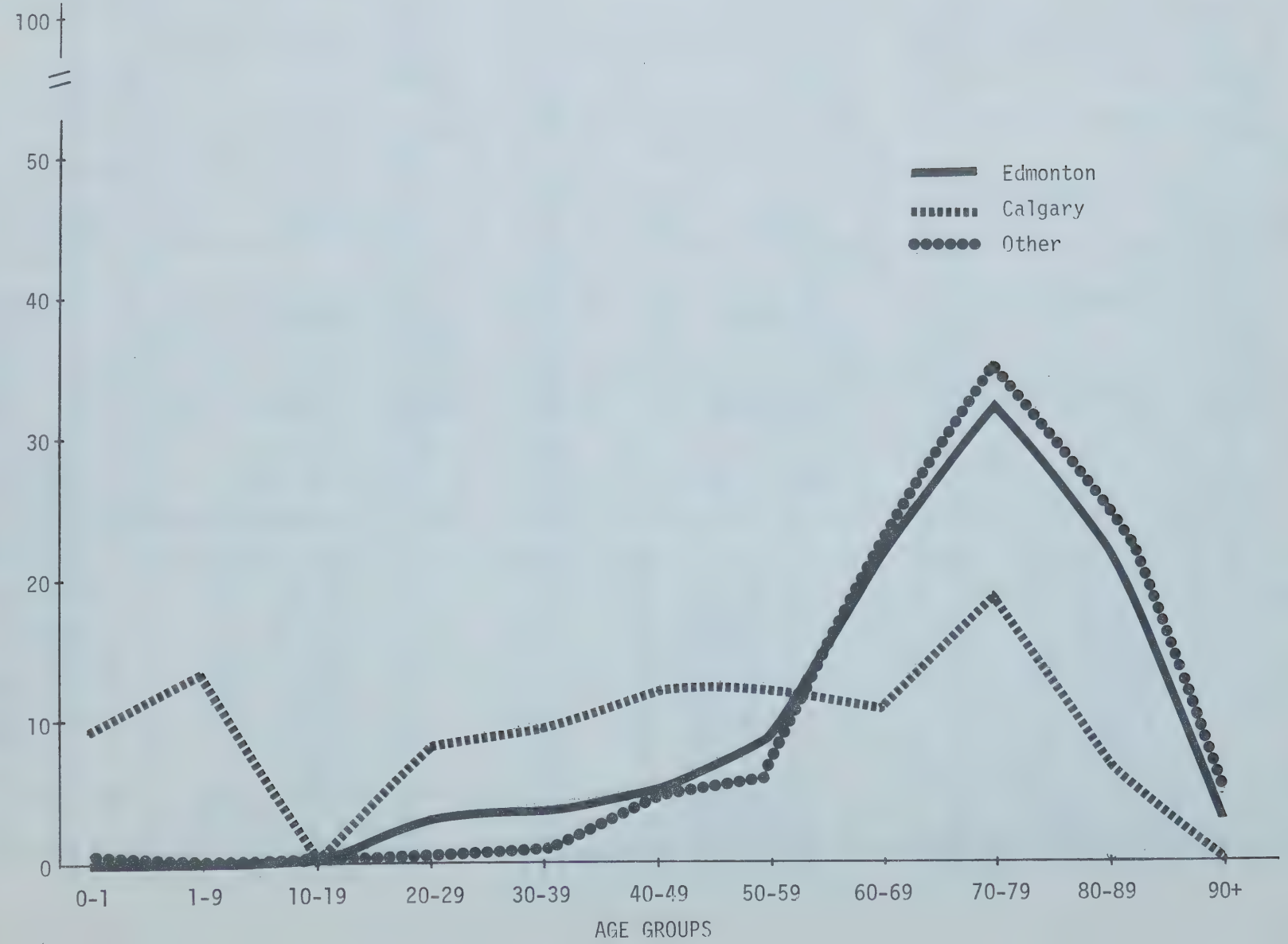
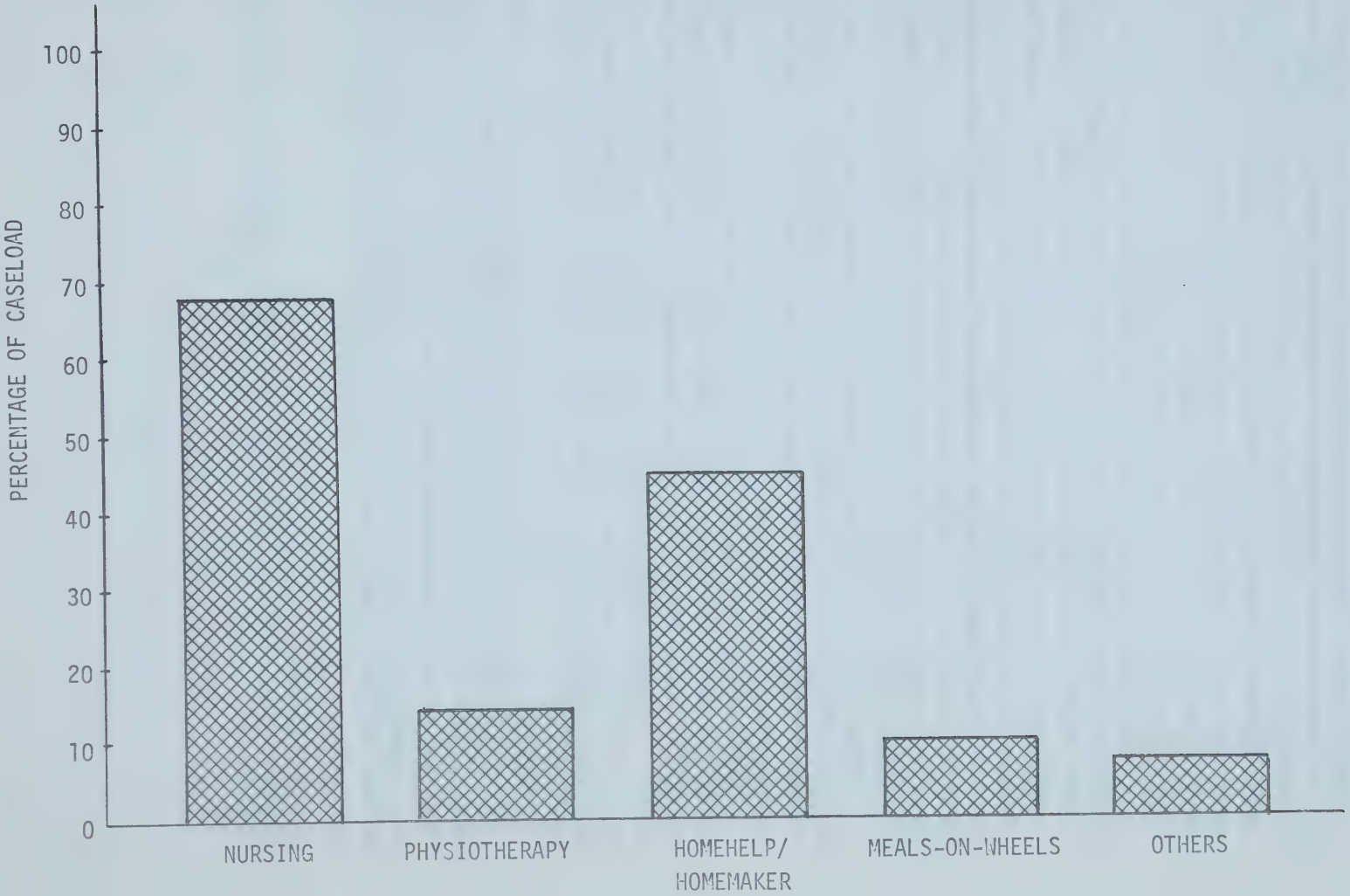


FIGURE 2 DISTRIBUTION OF THE ALBERTA HOME CARE CASELOAD BY SERVICES RECEIVED, NOVEMBER 1975



HIGHLIGHTS OF PUBLIC ASSISTANCE

Delaine McVey and Cathy Reynolds*

Table 1 presents the distribution of the public assistance caseload by reason for assistance for the quarter October - December 1975, compared to the previous quarter. Total caseload increased 1.5 per cent from an average 31,687 in the July - September quarter to an average 32,169 in the October - December quarter. Ranking of the various reasons for assistance remained unchanged, with persons with dependent children accounting for the largest proportion of the caseload (38.3 per cent). Persons 60 years of age or older constituted 19.2 per cent of the total caseload, and persons receiving assistance due to physical ill health or disability comprised 18.6 per cent. These three reasons for assistance together accounted for 76.1 per cent of the total caseload.

Except for age cases, all categories of assistance showed percentage increases this quarter from the previous quarter. Employable cases increased 9.2 per cent this quarter. This was a much higher increase rate than in the same quarter of 1974 (3.8 per cent). Indeed, the average employable caseload for the October - December 1975 quarter is 39.0 per cent higher than the average for October - December 1974; this may partially reflect the seasonal impact of former City of Edmonton and other municipal cases which have become the province's responsibility since July 1975. Persons unsuited for employment increased 12.4 per cent this quarter; mental retardation cases rose 5.6 per cent. Physical ill health/ disability caseload increased 2.5 per cent this quarter and persons with dependent children increased 1.2 per cent. Mental ill health as a reason for assistance increased 0.1 per cent.

Average age caseload declined this quarter for the second time. The declines in age cases in the July - September and October - December quarters result from the introduction of provincial and federal programs for the aged, the Alberta Assured Income Plan implemented in July and the federal Old Age Security Spouse Allowance implemented in October.

Table 2 indicates the age and sex distribution of the caseload for the October - December 1975 quarter. The percentage of the total caseload comprised of males increased slightly to 35.4 per cent this quarter. Males increased 2.0 per cent in numbers to 11,402; females increased 1.2 per cent to 20,767. The largest components of the male caseload are those aged 60-64 and 65+, constituting 25.8 per cent of all males and 9.2 per cent of the total caseload. The largest components of the female caseload are those 20-24 and 25-29, comprising 28.1 per cent of all females and 18.1 per cent of the total caseload.

Table 3 indicates the distribution of public assistance cases among the 37 regional offices. Edmonton and Calgary regional offices accounted for 64.8 per cent of the total provincial caseload this quarter. The caseload increased for total Calgary by 0.7 per cent and for total Edmonton 2.5 per cent. The largest percentage increases were those for Fort McMurray (20.3 per cent), High Level (18.0 per cent), Grande Cache (16.4 per cent), and Hanna (10.3 per cent). Eleven regional offices had caseload decreases this quarter, the largest of which were Whitecourt's 11.7 per cent and High Prairie's 6.8 per cent.

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*Delaine McVey is a research assistant and Cathy Reynolds a statistical clerk with Research and Planning.

The distribution of average caseload by employment status and reason for assistance is presented in Table 4 for the October - December 1975 quarter. In summary, persons categorized as in the labour force and on assistance increased 7.2 per cent from 7,909 the previous quarter to 8,478, while the number of persons not in the labour force decreased 0.2 per cent from 23,611 to 23,560. Persons available for full-time work increased 4.1 per cent to 2,797. Persons who were employed and awaiting pay increased 3.8 per cent to 928. Persons with dependent children working part-time increased 6.5 per cent to 673; those fully employed also increased from 595 to 658. Persons required to care for children increased 0.2 per cent to 9,102 and persons with illness of 90 days or more increased 0.8 per cent this quarter to 6,111.

TABLE 1

DISTRIBUTION OF CASELOAD BY REASON FOR ASSISTANCE, ALBERTA, OCTOBER - DECEMBER, 1975

	Quarterly Average July - Sept. 1975		Oct.	Nov.	Dec.	Quarterly Average Oct. - Dec. 1975		Percentage Change Between Quarters
	#	%	#	#	#	#	%	%
Age 60+	6,461	20.39	6,286	6,186	6,084	6,185	19.23	-4.27
Physical Ill Health/Disability	5,831	18.40	5,879	5,957	6,085	5,974	18.57	2.45
Mental Ill Health	2,046	6.46	2,020	2,037	2,087	2,048	6.37	0.10
Mental Retardation	591	1.87	614	625	634	624	1.94	5.58
Unsuited for Employment	531	1.67	587	594	608	597	1.85	12.43
Person with Dependent Children	12,191	38.47	12,268	12,254	12,481	12,334	38.34	1.17
Employable	4,036	12.74	4,171	4,293	4,757	4,407	13.70	9.19
TOTAL	31,687	100.00	31,825	31,946	32,736	32,169	100.00	1.52
Increase Rate over Previous Month			-0.44	0.38	2.47			
Increase Rate over Previous Quarter	1.59					1.52		

TABLE 2

AGE-SEX DISTRIBUTION OF CASELOAD, ALBERTA, OCTOBER - DECEMBER 1975

Age Group	Males		Females		Both Sexes	
	#	%	#	%	#	%
0 - 19	629	1.96	1,625	5.05	2,254	7.01
20 - 24	1,227	3.81	3,031	9.43	4,258	13.24
25 - 29	1,095	3.40	2,798	8.70	3,893	12.10
30 - 34	894	2.78	2,189	6.80	3,083	9.58
35 - 39	786	2.45	1,896	5.89	2,682	8.34
40 - 44	861	2.67	1,663	5.17	2,524	7.84
45 - 49	978	3.04	1,434	4.46	2,412	7.50
50 - 54	909	2.83	1,436	4.46	2,345	7.29
55 - 59	1,078	3.35	1,450	4.51	2,528	7.86
60 - 64	1,630	5.06	1,942	6.04	3,572	11.10
65 +	1,315	4.09	1,303	4.05	2,618	8.14
TOTAL	11,402	35.44	20,767	64.56	32,169	100.00

TABLE 3

REGIONAL DISTRIBUTION AND CHANGE IN CASELOAD, ALBERTA, OCTOBER - DECEMBER, 1975*

Regional Office	Quarterly Average July - Sept. 1975		Quarterly Average Oct. - Dec. 1975		Rate of Change Over Last Quarter	Rank Order	
	#	%	#	%	%	Last Quarter	This Quarter
Edmonton North	5,374	16.96	5,578	17.34	3.80	1	1
Calgary South	3,311	10.45	3,419	10.63	3.26	2	2
Calgary Southwest	2,771	8.74	2,761	8.58	- 0.36	3	3
Edmonton West	2,511	7.93	2,541	7.90	1.19	5	4
Calgary North	2,561	8.08	2,520	7.83	- 1.60	4	5
Edmonton South	2,299	7.26	2,342	7.28	1.87	6	6
Edmonton West 10	1,658	5.23	1,673	5.20	0.90	7	7
Lethbridge	1,598	5.04	1,559	4.85	- 2.44	8	8
Grande Prairie	1,040	3.28	1,083	3.37	4.13	9	9
Red Deer	887	2.80	858	2.67	- 3.27	10	10
Wetaskiwin	752	2.37	758	2.36	0.80	11	11
Medicine Hat	561	1.77	550	1.71	- 1.96	12	12
High Prairie	498	1.57	464	1.44	- 6.83	13	13
Lac La Biche	426	1.34	446	1.39	4.69	14	14
Barrhead	408	1.29	419	1.30	2.70	15	15
Slave Lake	392	1.24	399	1.24	1.79	16	16
Peace River	364	1.15	373	1.16	2.47	17	17
Vegreville	363	1.15	365	1.14	0.55	18	18
Edson	332	1.05	348	1.08	4.82	19	19
St. Paul	320	1.01	319	0.99	- 0.31	20	20
Bonnyville	295	0.93	306	0.95	3.38	22	21
Drumheller	297	0.94	294	0.91	- 1.01	21	22
Vermilion	269	0.85	273	0.85	1.49	23	23
Camrose	255	0.80	272	0.85	6.67	24	24
Smoky Lake	254	0.80	254	0.79	-	25	25
Athabasca	220	0.69	230	0.71	4.55	26	26
Blairmore	212	0.67	219	0.68	3.30	27	27
High Level	183	0.58	216	0.67	18.03	29	28
Fort McMurray	177	0.56	213	0.66	20.34	30	29
Wainwright	190	0.60	192	0.60	1.05	28	30
Rocky Mountain House	157	0.50	170	0.53	8.28	34	31
Olds	158	0.50	166	0.52	5.06	32	32
Stettler	157	0.50	156	0.48	- 0.64	34	33
Whitecourt	162	0.51	143	0.44	-11.73	31	34
Brooks	139	0.44	137	0.43	- 1.44	35	35
Grande Cache	67	0.21	78	0.24	16.42	37	36
Hanna	68	0.21	75	0.23	10.29	36	37
Total	31,687	100.00	32,169	100.00	1.52		

* For comparability to Tables 1 and 2 Guardian Social Allowance cases have been excluded. This table indicates the net social allowance and health/medical caseload.

TABLE 4 AVERAGE PUBLIC ASSISTANCE CASES BY EMPLOYMENT STATUS AND REASON FOR ASSISTANCE FOR OCTOBER - DECEMBER 1975

	REASON FOR ASSISTANCE															
	Aged		Persons With Dependent Children		Physical Illness or Disability		Mental Illness		Mental Retardation		Employable		Unsuitable for Employment		Total	
Employment Status	#	%	#	%	#	%	#	%	#	%	#	%	#	%	#	%
IN THE LABOUR FORCE																
Employed or in Training:																
Employed and awaiting pay	2	0.03	109	0.89	12	0.20	4	0.20	1	0.16	800	18.28			928	2.90
Fully employed	16	0.26	658	5.35	34	0.57	40	1.97	32	5.13	353	8.07			1,133	3.54
Part-time - not seeking full-time	148	2.40	673	5.47	155	2.60	210	10.34	52	8.33	146	3.34			1,384	4.32
Self-employment	38	0.62	16	0.13	35	0.59	4	0.20	-	-	92	2.10			185	0.58
Attending school up to and including Grade 12	-	-	125	1.02	18	0.30	11	0.54	13	2.09	407	9.30			574	1.79
Attending technical or vocational training	2	0.03	383	3.12	45	0.75	9	0.44	-	-	125	2.86			564	1.76
Attending post secondary education	-	-	112	0.91	15	0.25	1	0.05	-	-	13	0.30			141	0.44
SUBTOTAL	206	3.34	2,076	16.89	314	5.26	279	13.74	98	15.71	1,936	44.25			4,909	15.33
Available for Work:																
Available for full-time work	30	0.49	512	4.17	53	0.89	22	1.08	4	0.64	2,176	49.72			2,797	8.73
Available for part-time work	10	0.16	157	1.28	23	0.39	8	0.39	-	-	49	1.12			247	0.77
Available for sheltered work	1	0.02	4	0.03	54	0.91	85	4.18	81	12.98	-	-			225	0.70
Working part-time; seeking or encouraged to seek full-time	4	0.06	128	1.04	14	0.24	8	0.39	1	0.16	145	3.31			300	0.93
SUBTOTAL	45	0.73	801	6.52	144	2.43	123	6.04	86	13.78	2,370	54.15			3,569	11.13
TOTAL IN THE LABOUR FORCE	251	4.07	2,877	23.41	458	7.69	402	19.78	184	29.49	4,306	98.40			8,478	26.46
NOT IN THE LABOUR FORCE																
Unavailable for Work Due to Illness or Age:																
Illness up to 90 days	28	0.45	68	0.55	894	15.01	116	5.71	-	-	-	-			1,106	3.45
Illness 90 days or over	647	10.49	210	1.71	3,980	66.81	1,025	50.44	249	39.90	-	-			6,111	19.08
Age	5,002	81.14	-	-	-	-	-	-	-	-	-	-			5,002	15.61
SUBTOTAL	5,677	92.08	278	2.26	4,874	81.82	1,141	56.15	249	39.90	-	-			12,219	38.14
Unavailable to Work Due to Other Reasons:																
Required to care for children	48	0.78	9,054	73.68	-	-	-	-	-	-	-	-			9,102	28.41
Expecting a child	1	0.02	27	0.22	218	3.66	-	-	-	-	62	1.42			308	0.96
In jail less than 90 days	-	-	1	0.01	1	0.02	-	-	-	-	8	0.18			10	0.03
SUBTOTAL	49	0.80	9,082	73.91	219	3.68	-	-	-	-	70	1.60			9,420	29.40
Unsuitable for Employment	188	3.05	51	0.42	406	6.81	489	24.07	191	30.61	-	-	596	100.00	1,921	6.00
TOTAL NOT IN THE LABOUR FORCE	5,914	95.93	9,411	76.59	5,499	92.31	1,630	80.22	440	70.51	70	1.60	596	100.00	23,560	73.54
TOTAL	6,165	100.00	12,288	100.00	5,957	100.00	2,032	100.00	624	100.00	4,376	100.00	596	100.00	32,038	100.00
Missing Data	20		47		17		16		-		31		-		131	
Total Caseload	6,185		12,335		5,974		2,048		624		4,407		596		32,169	

HIGHLIGHTS OF NOTIFIABLE DISEASES*

Barbara Juchli**

Highlights of the notifiable disease cases for October to December 1975, as reported to the divisions of Local Health Services and Social Hygiene, are presented in the following text and tables. Table 1 shows the geographic distribution of the reported cases, Table 2 illustrates the age-sex distribution, and Tables 3 and 4 compare the number of cases and incidence rates of each disease with the mean number of cases and rates for the corresponding quarter in the previous five years. Figure 1 shows the monthly reported cases of rubella from 1973 to 1975; Figures 2 to 4 show the same for measles, infectious hepatitis and gonorrhoea, and streptococcal sore throat and scarlet fever.

The five most frequently reported notifiable diseases during the October - December quarter were:

gonorrhoea (2230 cases)
streptococcal sore throat and scarlet fever (1657 cases)
rubella (German measles) (202 cases)
measles (142 cases)
bacillary dysentery (97 cases)

The number of reported cases of gonorrhoea increased by 22.0 per cent from the July - September quarter; male cases by 14.0 per cent (171 cases) and female cases by 38.8 per cent (231 cases). The age groups with the largest caseloads were 15-19 years with 464 cases (20.8 per cent of total caseload), 20-24 years with 780 cases (35.0 per cent) and 25-29 years with 422 cases (18.9 per cent). Male cases were 28.8 per cent and female cases 45.9 per cent higher than the average five-year number of cases for the corresponding October - December quarters. Comparing this quarter's incidence rates to the five-year rates shows males with 25.6 more cases per 100,000 and females with 25.3 more cases per 100,000. Figure 3 illustrates the fluctuations in the reported cases of gonorrhoea from 1973 to 1975.

Streptococcal sore throat and scarlet fever incidence increased by 337 cases or 25.5 per cent. The most sizeable increases occurred in the health units of Minburn-Vermilion (84 cases), Barons-Eureka (73 cases), Warner (58 cases) and Medicine Hat (47 cases). As usual the 5-9 year age group had the largest number of cases, 506 cases or 30.5 per cent of the total caseload. There were slightly more female cases than male (868 compared to 789 cases). This quarter's number of cases was higher than the five-year average (1657 cases compared to 1060.6), as was the incidence rate for this quarter (92.7 cases per 100,000 compared to 63.7 cases). The monthly numbers of reported cases of streptococcal sore throat and scarlet fever are shown in Figure 4, illustrating the seasonal trend of higher incidence in the winter months.

Reported rubella cases have continued to decrease, from 604 cases in the July - September quarter, to 202 cases in this quarter (a decrease of 66.6 per cent). The largest decline was in the city of Calgary (from 335 to 102 cases). The cases were concentrated in the younger age groups (1-9 years of age) and were equally divided between males and females. The October - December 1975 caseload is approximately half the average of the last five years; the generalization applies to the incidence rates. Figure 1 graphs the rubella epidemic which started in late 1974, peaked in May 1975 and declined by August 1975.

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* Tuberculosis is not inlcuded in this article.

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Measles also decreased from the July - September quarter (475 to 142 cases). As with rubella, the largest decline occurred in the city of Calgary (253 to 25 cases). The reported cases clustered in the 1-14 year age group (81.0 per cent of the total cases), and were evenly divided between males and females. Both this quarter's number of cases and incidence rate was 1/3 the five-year average figures. Figure 2 shows the measles epidemic which, like rubella, started in late 1974, but peaked somewhat earlier (in January 1975).

Bacillary dysentery has not been one of the five most frequently reported notifiable diseases since the July - September 1973 quarter. In the October - December 1975 period, there were 97 reported cases, an increase of 36.6 per cent over the July - September 1975 quarter. The areas with the highest number of cases are the city of Edmonton (16 cases) and the health units of Barons-Eureka (15 cases) and Peace River (16 cases). Fifty-seven of the 97 cases were in the 1-4 year age group. The current number of cases is 26.0 per cent higher than the five-year average number of cases, and the incidence rate is 17.5 per cent higher than the five-year figure.

TABLE 1 REPORTED CASES OF THE MORE FREQUENT NOTIFIABLE DISEASES (EXCLUDING VENEREAL DISEASES) BY CITY, HEALTH UNIT, OR OTHER JURISDICTION, ALBERTA, OCTOBER-DECEMBER 1975*

	Salmonellosis		Bacillary Dysentery	Diphtheria	Strept. Throat, Scarlet F.	Pertussis	Infectious Hepatitis	Serum Hepatitis	Measles	Rubella
	Food as vehicle	Food not mentioned								
Cities										
Edmonton	-	17	16	2	151	19	19	-	8	12
Calgary	20	1	1	-	36	41	35	6	25	102
Grande Prairie	-	-	-	-	1	-	-	-	1	-
Lethbridge	-	-	1	1	3	1	3	-	-	-
Medicine Hat	-	-	-	-	76	-	-	-	-	-
Red Deer	-	-	-	2	35	-	10	-	4	11
Health Units										
Alberta East Central	-	2	4	-	29	1	-	-	34	29
Athabasca	-	3	4	-	202	1	-	-	3	4
Banff National Park	1	-	-	-	-	-	1	-	-	-
Barons Eureka	-	3	15	-	96	-	1	-	2	12
Big Country	-	-	-	-	46	-	1	-	-	6
Chief Mountain	-	-	-	-	32	-	-	-	-	5
Chinook	-	1	2	-	15	-	1	-	2	3
County of Warner	-	1	-	-	65	-	-	-	-	-
Drumheller	-	-	2	-	13	-	-	-	-	-
Edson	1	-	-	-	95	1	2	-	17	-
Foothills	-	-	-	-	-	-	2	-	2	2
Grande Prairie	-	-	12	3	-	-	-	-	-	1
Jasper National Park	-	-	-	-	10	-	-	-	-	-
Leduc - Strathcona	-	2	3	-	58	1	4	-	1	2
Medicine Hat	-	9	-	-	54	-	-	-	-	1
Minburn - Vermilion	-	-	-	-	138	-	-	-	-	-
Mount View	-	2	4	-	3	-	2	-	2	-
North Eastern Alberta	-	1	1	-	8	-	1	-	-	1
Peace River	-	-	16	2	58	-	3	-	-	2
Red Deer	-	1	3	1	40	-	-	-	25	2
Stony Plain - Lac Ste. Anne	-	-	-	1	84	2	-	-	3	-
Sturgeon	3	-	1	-	108	-	1	-	3	-
Vegreville	-	-	-	-	68	1	-	-	6	3
Wetoka	-	-	-	-	7	1	2	-	-	3
Other Jurisdictions										
Canadian Forces	-	-	-	-	-	-	-	-	-	-
Indian Reservations	-	3	5	6	56	4	1	-	3	-
Northern Alberta Health Services	-	1	7	-	67	-	3	-	1	1
Other Municipalities	-	-	-	-	3	-	-	-	-	-
TOTAL	25	47	97	18	1657	73	92	6	142	202

*There were five cases of staphylococcal food poisoning, one in the city of Calgary and four in the city of Medicine Hat. There were five cases of meningococcal infections, one each in the cities of Edmonton, Calgary, and Medicine Hat and in the health unit of Mount View and in the Northern Alberta Health Service area. There were five cases of asceptic meningitis (not specified), two in Edmonton city, one in Lethbridge city, one in the North Eastern Alberta health unit and one from Indian reserves.

TABLE 2 REPORTED CASES OF NOTIFIABLE DISEASES BY SEX AND AGE, ALBERTA, OCTOBER - DECEMBER 1975*

Disease	Under 1		1 - 4		5 - 9		10 - 14		15 - 19		20 - 24		25 - 29		30 - 39		40 - 59		60+		Age not known		Total	
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F
Intestinal Infections																								
Salmonellosis																								
(a) with food as vehicle	3	1	1	2	1	1	1	1	-	1	-	1	-	-	1	4	4	2	-	1	-	-	11	14
(b) without mention of food as vehicle	7	2	5	6	3	2	-	1	1	3	2	3	-	2	1	1	1	3	1	3	-	-	21	26
Bacillary dysentery	5	3	27	30	8	7	1	2	-	1	2	7	-	1	1	-	-	-	2	-	-	-	46	51
Other Bacterial Diseases																								
Diphtheria	1	1	1	2	2	1	3	1	-	4	-	1	-	-	-	-	-	-	1	-	-	-	8	10
Streptococcal sore throat and Scarlet fever	22	12	164	135	261	245	125	166	66	82	47	66	32	59	37	60	28	30	7	13	-	-	789	868
Pertussis (Whooping cough)	3	8	15	12	11	10	7	5	-	-	-	1	-	1	-	-	-	-	-	-	-	-	36	37
Other Virus Diseases																								
Infectious hepatitis	-	-	-	1	-	4	6	3	13	16	8	9	6	9	4	2	5	4	-	2	-	-	42	50
Serum hepatitis	-	-	-	-	-	-	-	-	1	3	1	-	-	-	-	-	1	-	-	-	-	-	3	3
Measles	7	6	17	13	16	23	23	23	6	7	-	-	-	-	1	-	-	-	-	-	-	-	70	72
Rubella (German measles)	12	11	34	18	38	53	9	11	4	3	1	3	1	1	-	1	2	-	-	-	-	-	101	101
Gonorrhoea																								
Genito-urinary	-	-	-	1	-	-	3	6	187	277	491	289	298	124	234	91	128	20	11	-	36	34	1388	842
Other	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	1
Syphilis																								
Congenital	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Acquired																								
(a) Early symptomatic																								
- Primary	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	3	-	-	-	-	-	3	-
- Secondary	-	-	-	-	-	-	-	-	-	-	1	-	2	1	2	-	2	1	1	-	-	-	8	2
- Other and unspecified	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
(b) Latent	-	-	-	-	-	-	-	-	1	1	3	2	2	2	2	-	6	2	5	3	-	-	19	10
(c) Late	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-

*The five cases of staphylococcal food poisoning were distributed as follows: one male aged 1-4 years, 2 males and one female aged 15-19 years and one male aged 25-29 years. The five cases of meningococcal infections were distributed as follows: three females aged 10-14 years, one female aged 15-19 years and one male aged 30-39 years. The five cases of aseptic meningitis (not specified) were distributed as follows: two males aged 1-4 years, one male aged 10-14 years, one female aged 15-19 years and one female aged 20-24 years.

TABLE 3 REPORTED CASES OF NOTIFIABLE DISEASES (EXCLUDING VENERAL DISEASES, TUBERCULOSIS AND RARE DISEASES) AND INCIDENCE RATES, ALBERTA, OCTOBER - DECEMBER 1975, WITH AVERAGES FOR CORRESPONDING QUARTER 1970 - 1974*

Disease	October - December 1975		Average for Fourth Quarter 1970 - 1974	
	Cases	Incidence Rate per 100,000	Cases	Incidence Rate per 100,000
Intestinal Infections				
Salmonellosis				
(a) with food as a vehicle	25	1.40	16.80	1.01
(b) without mention of food as vehicle	47	2.63	112.20	6.73
Bacillary dysentery	97	5.43	77.00	4.62
Staphylococcal food poisoning	5	0.28	0.20	0.01
Other Bacterial Diseases				
Diphtheria	18	1.01	16.80	1.01
Meningococcal infections	5	0.28	2.20	0.13
Streptococcal sore throat and scarlet fever	1657	92.67	1060.60	63.66
Pertussis (Whooping cough)	73	4.08	30.80	1.85
Other Virus Diseases				
Infectious hepatitis	92	5.15	300.60	18.04
Serum hepatitis	6	0.34	11.80	0.71
Measles	142	7.94	426.00	25.57
Rubella (German measles)	202	11.30	379.40	22.77

*Population figures for incidence rates are from Statistics Canada's quarterly estimates - Catalogue 91-001, October 1975.

TABLE 4 REPORTED CASES OF VENEREAL DISEASES AND INCIDENCE RATES BY SEX, ALBERTA, OCTOBER - DECEMBER 1975, WITH AVERAGES FOR CORRESPONDING QUARTER 1970 - 1974*

	October - December 1975				Average for Fourth Quarter 1970 - 1974			
	Cases		Incidence Rate per 100,000		Cases		Incidence Rate per 100,000	
	Male	Female	Male	Female	Male	Female	Male	Female
Gonorrhoea								
Genito-Urinary	1388	842	153.03	95.57	1077.20	577.20	127.48	70.30
Other	-	1	-	0.11	-	0.20	-	0.02
Syphilis								
Congenital	-	-	-	-	0.20	0.60	0.02	0.07
Acquired								
(a) Early symptomatic								
- Primary	3	-	0.33	-	7.00	0.80	0.83	0.10
- Secondary	8	2	0.88	0.23	1.40	0.80	0.17	0.10
- Other and unspecified	-	-	-	-	2.00	2.00	0.24	0.24
(b) Latent	19	10	2.09	1.13	17.00	10.00	2.01	1.22
(c) Late	-	-	-	-	-	0.20	-	0.02

*Population figures for incidence rates are from Statistics Canada's quarterly estimates - catalogue 91-001, July, 1975. The 1971 Alberta sex ratio was used to calculate male/female populations.

FIGURE 1 NUMBER OF REPORTED CASES OF RUBELLA BY MONTH, ALBERTA, 1973-75

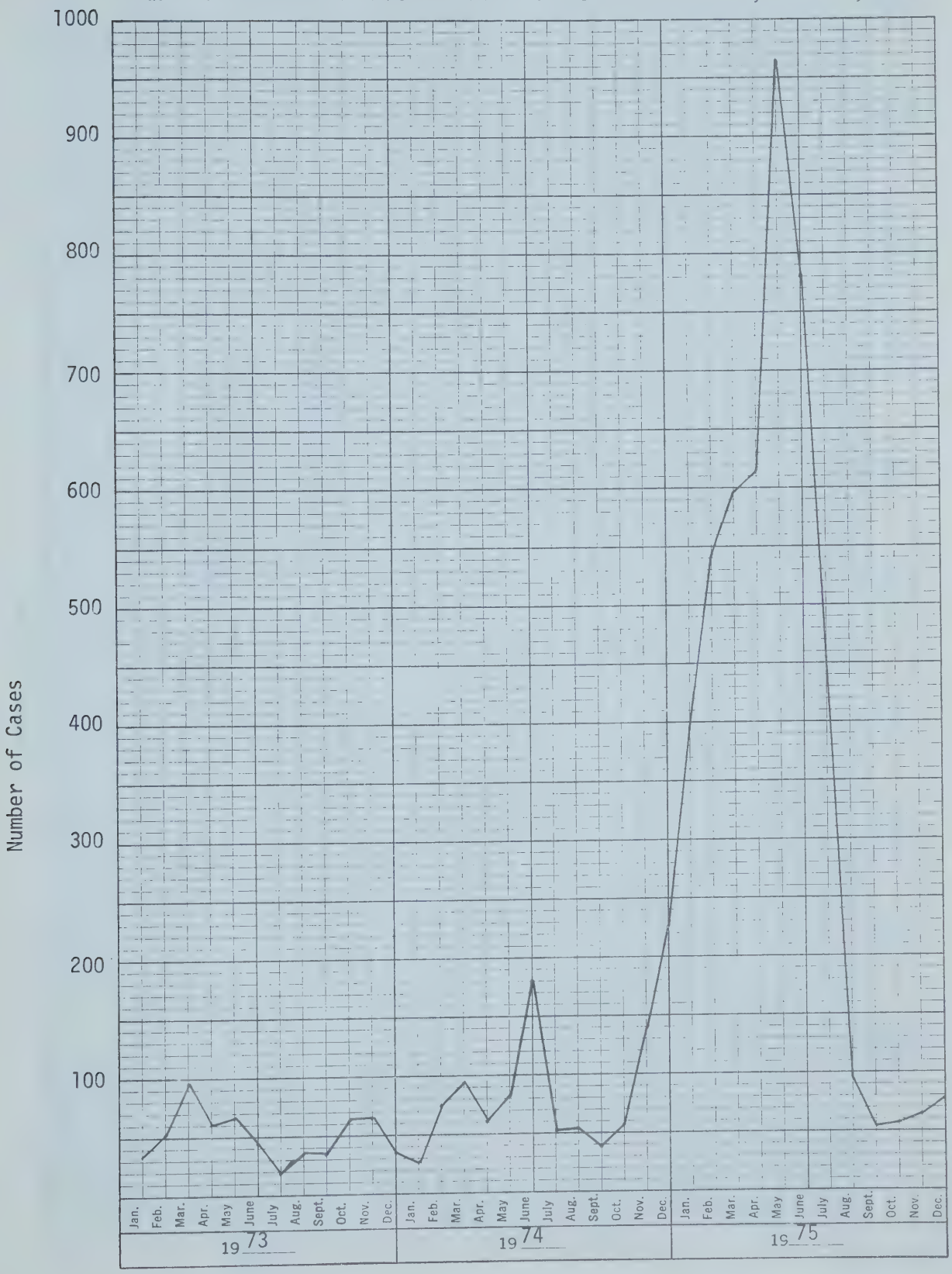


FIGURE 2 NUMBER OF REPORTED CASES OF MEASLES BY MONTH, ALBERTA, 1973-75

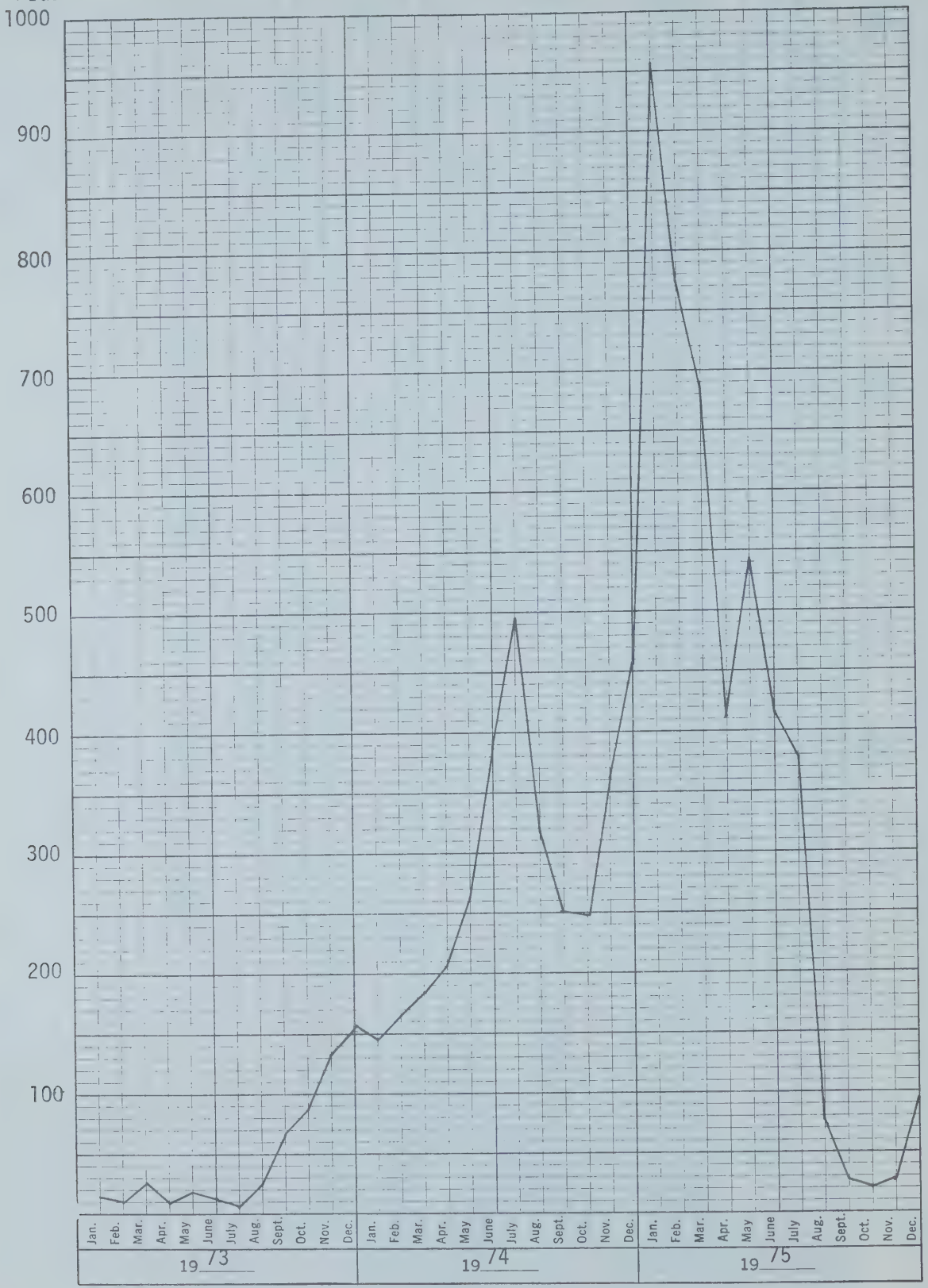


FIGURE 3 NUMBER OF REPORTED CASES OF GONORRHOEA AND INFECTIOUS HEPATITIS BY MONTH, ALBERTA, 1973-75

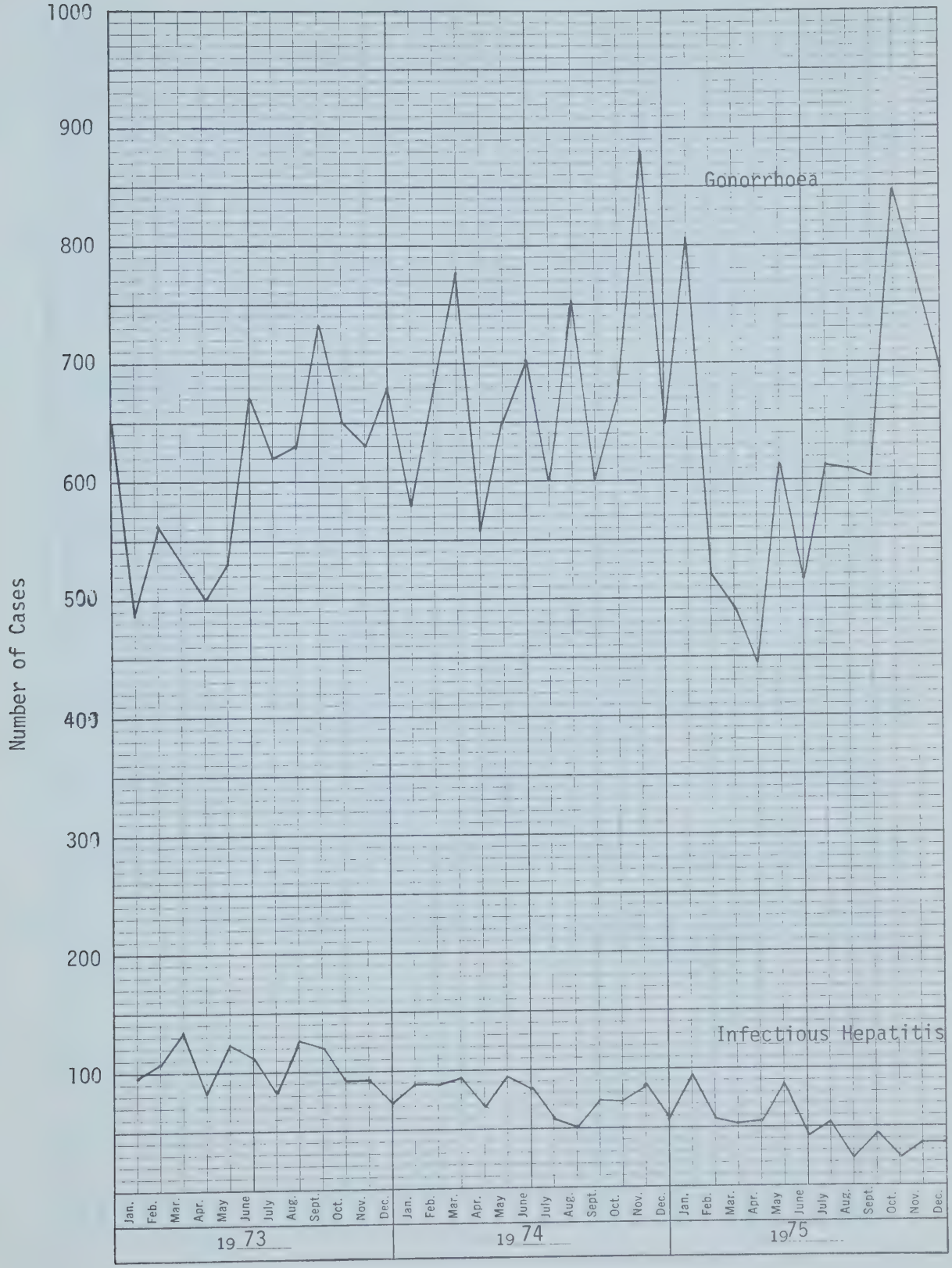
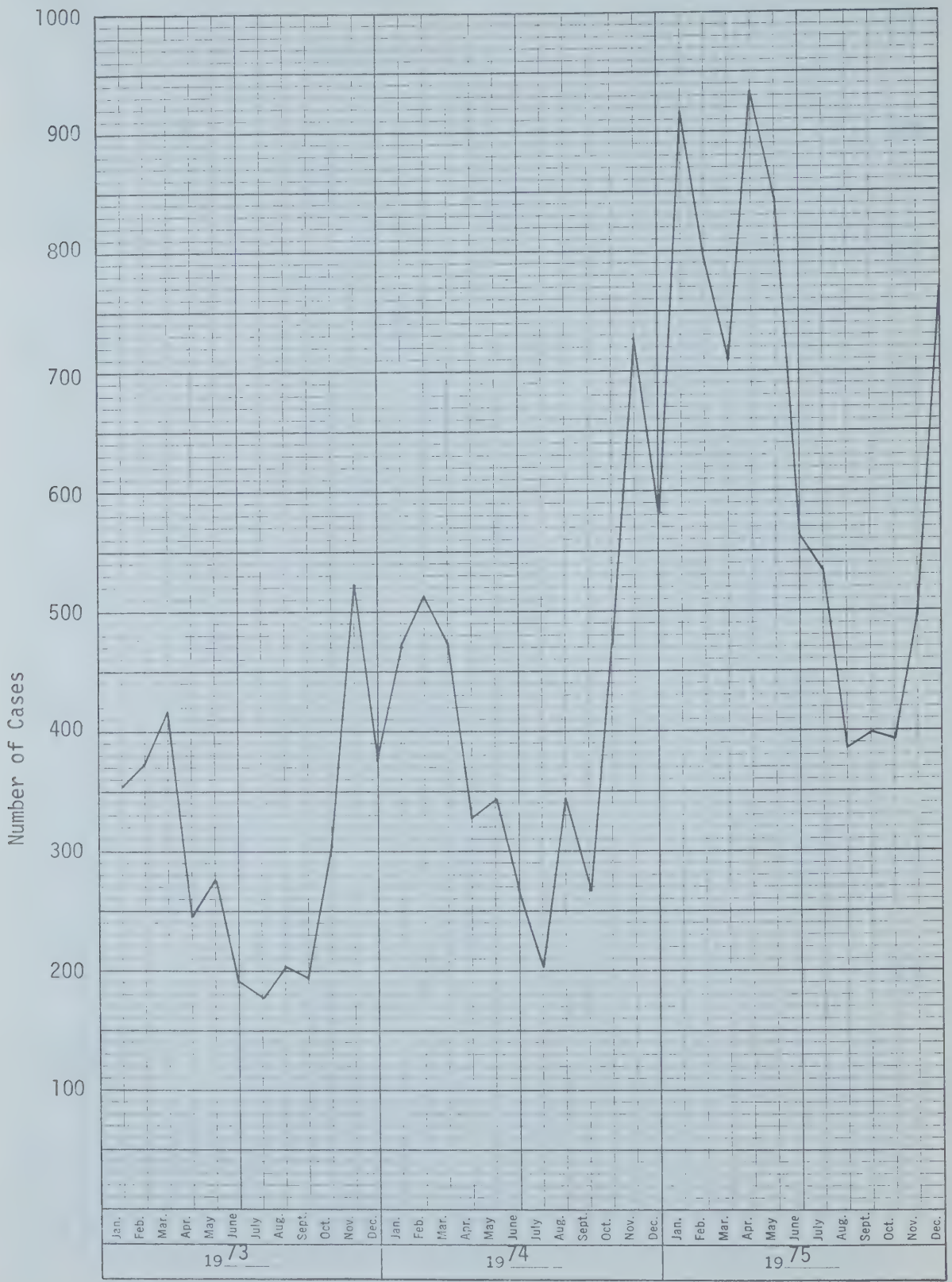


FIGURE 4 NUMBER OF REPORTED CASES OF STREPTOCOCCAL SORE THROAT AND SCARLET FEVER BY MONTH, ALBERTA, 1973-75



Caseload - The number of households, or units, assisted; these units consisting of one or more persons. Caseload is often used to refer to the collective heads of these units. (See "household head").

Municipal Caseload - A municipality is responsible for assisting an employable person who is a resident of the municipality and:

(1) was a resident of the municipality during the twelve months immediately preceding his application, and

(2) did not, during any part of these twelve months, receive material aid from the province or any other municipality.

The municipality is reimbursed 90% by the province for expenditures incurred.

Reasons for Assistance - The social allowance program is available to those persons who lack the resources or income sufficient to meet their needs and those of their dependents. Eligibility for assistance is defined within the following categories for each application; the social worker assigns a reason for assistance on the following rank order basis. Applicants are assigned to the first category of reason for assistance that applies to them, proceeding through the list of reasons in their specified order.

Age (Person 60 or over) - A person may be considered eligible for assistance under this reason if 60 years of age or older. Prior to November 1971, women between 55 and 60 years of age were also eligible for social allowance by reason of age alone.

Person with Dependent Children - This reason is applicable to the single parent family where the parent (of either sex) actually has custody of or is personally caring for dependent child.

Physical Ill Health/Disability - This reason is applicable to a person with a physical disability, impairment, or illness, regardless of expected duration, which prevents rendering services for wages sufficient to meet the person's needs and those of dependents.

Mental Ill Health - This reason is applicable to persons having an obvious mental illness or a medical certificate confirming such mental illness, regardless of the expected duration.

Mental Retardation - This reason is applicable to persons who are mentally retarded. A medical certificate or assessment is required if the disability is not readily recognizable.

Employables - This reason is applicable to persons who are unemployed and seeking employment or whose employability may be under assessment, as well as to persons employed full- or part-time with insufficient income. This reason also applies to persons temporarily unavailable for work because of schooling, pregnancy, or in jail for less than 90 days.

Unsuitable for Employment - This reason is applicable to cases which have been assessed as socially, psychologically, or otherwise unsuited for employment. Such cases would be transferred from other reasons for assistance after the assessment period.

Guardian Social Allowance - This is an extension of the social allowance program designed to assist persons acting as guardians and providing care to children placed in their homes by parents unable or unwilling to provide such care.

Recipients - In contrast to the term "caseload", this term refers to the unit heads plus their dependents. The number of recipients on assistance is approximately two or three times as great as the caseload.